



STATE OF TENNESSEE

2019 PCMH Program Enhancements

11/27/2018

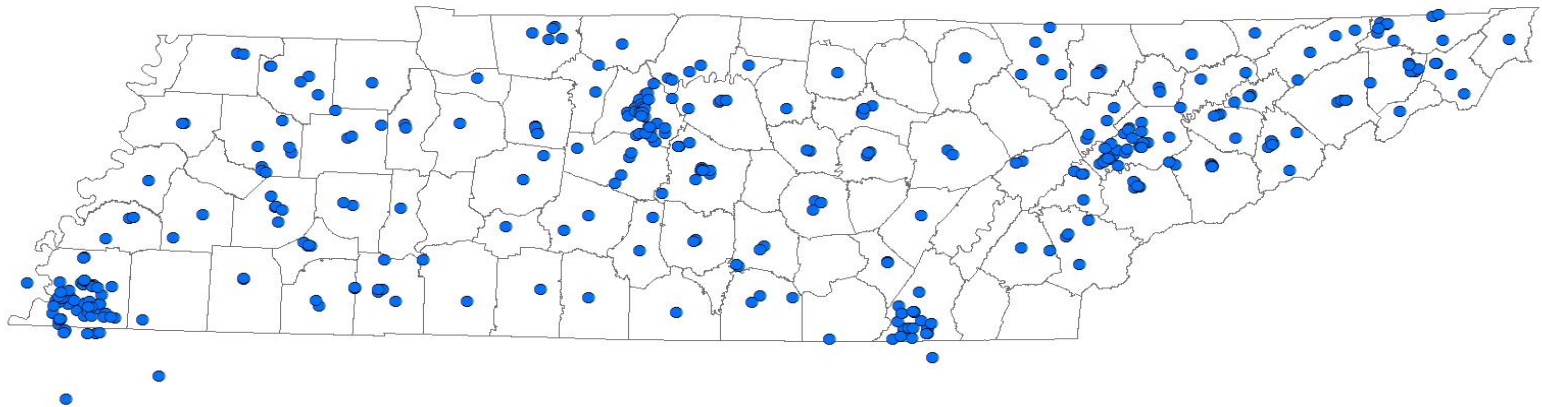
Agenda

- 2018 PCMH Statistics and Accomplishments
- 2019 PCMH Quality Metric Sets and Thresholds
- 2019 TCOC Value for Low Volume PCMH Outcome Payment Formula
- Reporting Timeframes
- Updates on Program Guidance
- Navigant Update

2018 PCMH Statistics and Accomplishments

2018 statistics for wave 1 & 2 organizations

	Wave 1	Wave 2	Total
Number of PCMHs	28	39	67
Total number of members	248,976	233,098	467,074
Number of sites	177	246	423



The MCOs are expected to have all contracting completed by the end of December 2018. A full list of organizations will be released after all contracting has been completed.

2018 PCMH accomplishments

- Nineteen wave 1 organizations earned an outcome payment
- Ten Wave 1 organizations (covering 37 sites) achieved NCQA PCMH Recognition under 2017 standards since beginning program participation
- Overall, 37 wave 1 and 2 PCMH organizations, covering 223 sites, have NCQA PCMH recognition
 - Recognition across the sites represent a combination of accreditation under 2011, 2014 and 2017 NCQA standards



2018 Care Coordination Tool achievements

- Admission, Discharge, and Transfer (ADT) feeds continue to be a significant data source for the PCMH and THL programs
- To date, **88%** of hospitals and licensed hospital beds statewide are submitting ADT data
 - **September:** All 9 Covenant facilities from East Tennessee Health Information Network (etHIN) are now Live
 - **December:** All Tennova/CHS facilities to go Live



ADT feeds from hospitals across the state in near real-time

2019 PCMH Quality Metric Sets and Thresholds

CY2019 Adult PCMH core quality metrics

Metric	Threshold
1. Antidepressant medication management (AMM)-continuation phase	$\geq 40\%$
2. Comprehensive diabetes care: BP control < 140/90	$\geq 56\%$
3. Comprehensive diabetes care: Eye exam (retinal) performed	$\geq 51\%$
4. Comprehensive diabetes care: HbA1c poor control (>9.0%)	$\leq 47\%$
5. EPSDT: Adolescent well-care visits ages 12-21 years	$\geq 47\%$

CY2019 Pediatric PCMH core quality metrics

Metric	Threshold
1. Asthma medication ratio (AMR)	$\geq 81\%$
2. Childhood immunizations (CIS)-Combination 10	$\geq 42\%$
3. EPSDT (Composite for older kids) -Well-child visits ages 7-11 years (custom) -Adolescent well-care visits ages 12-21 years (AWC)	$\geq 55\%$ $\geq 47\%$
4. EPSDT screening rate (Composite for younger kids) -Well-child visits first 15 months (W15) -Well-child visits at 18, 24, & 30 months (custom) -Well-child visits ages 3-6 years (W34)	$\geq 61\%$ $\geq 34\%$ $\geq 69\%$
5. Immunizations for adolescents-Combination 2	$\geq 26\%$

CY2019 Family PCMH core quality metrics

Metric	Threshold
1. Antidepressant medication management 47% (AMM)- continuation phase	≥ 40%
2. Asthma medication ratio (AMR)	≥ 81%
3. BMI composite -Adult BMI assessment (ABA) -Weight assessment and counseling for nutrition for children/adolescents (WCC) - BMI percentile only	≥ 83% ≥ 66%
4. Childhood immunizations (CIS)- Combination 10	≥ 42%
5. Comprehensive diabetes care: BP control < 140/90	≥ 56%
6. Comprehensive diabetes care: Eye exam (retinal) performed	≥ 51%
7. Comprehensive diabetes care: HbA1c poor control (>9.0%)	≤ 47%
8. ESPDT (Composite for older kids) -Well-child visits ages 7-11 years (custom) -Adolescent well-care visits ages 12-21 years (AWC)	≥ 55% ≥ 47%
9. EPSDT screening rate (Composite for younger kids) -Well-child visits first 15 months (W15) -Well-child visits at 18, 24, & 30 months (custom) -Well-child visits ages 3-6 years (W34)	≥ 61% ≥ 34% ≥ 69%
10. Immunizations for adolescents- Combination 2	≥ 26%

CY2019 reporting-only quality metrics

Metric

1. Avoidance of antibiotics in adults with acute bronchitis (AAB)
2. Appropriate treatment for children with upper respiratory infection (URI)
3. Statin therapy for patients with cardiovascular disease (SPC)- Received statin therapy
4. Statin therapy for patients with cardiovascular disease (SPC)- Statin adherence 80%
5. Comprehensive diabetes care (CDC): HbA1c <8.0%
6. Comprehensive diabetes care (CDC): Nephropathy
7. Cervical cancer screening (CCS)
8. Breast cancer screening (BCS)
9. Medication management for people with asthma (MMA)

Background on assessment of quality metric sets for CY2019

- The State reviewed current PCMH core and reporting-only metrics to determine whether they should be retained, modified, and/or if new metrics were needed. Through this review, the State aimed to:
 - Identify metrics that more effectively measure clinically meaningful processes and health outcomes
 - Increase collective alignment across other programs and entities
 - Effectively measure quality priorities in preventive and chronic care
- At the end of review, the State decided to maintain most of the current metrics across provider types with a few changes. Some of the changes include:
 - Removal of five core metrics
 - Addition of one new core metric
 - Re-structure of five core composite metrics
 - Addition of five reporting-only metrics
- The core and reporting-only efficiency metrics remain the same for CY2019

Background on determination of quality metric thresholds for CY2019

- Next, the State evaluated several threshold models that took into consideration past and existing provider performance, as well as statewide and national performance on the 2019 quality measures.
- After careful consideration, the State established a threshold floor at the national Medicaid 25th percentile performance value. This means that all CY2019 core metrics have a threshold at or above this level of performance.
- The rationale behind this approach is to increase current provider performance and subsequently quality of care.
- The CY2019 quality metric thresholds include:
 - Maintenance of current thresholds for three metrics
 - Increase of current thresholds for 10 metrics to either the statewide performance average or national Medicaid 25th percentile performance

Adult BMI assessment (ABA)

- **CY2018**

- Adult and Family core metric
- Threshold set at $\geq 60\%$

- **CY2019**

- Metric is removed from Adult core set. The metric still remains in the Family core set
- Also, this metric is added with the Weight assessment and nutritional counseling for children/adolescents (WCC)- BMI percentile only, to form new BMI composite metric in the Family core set
 - Please note that the Weight assessment and nutritional counseling for children/adolescents (WCC) composite metric is no longer part of the Pediatric core metric set for 2019
- The ABA threshold increased to $\geq 83\%$

Antidepressant medication management (AMM)

- **CY2018**

- Adult and Family composite core metric
 - Acute phase
 - Continuation phase
- Continuation phase threshold set at $\geq 40\%$
Acute phase threshold set at $\geq 55\%$

- **CY2019**

- Acute phase removed from Adult and Family core sets
- Continuation phase is more clinically relevant
- Continuation phase threshold maintained at $\geq 40\%$

Asthma medication management (MMA)

- **CY2018**

- Family and Pediatric core metric
- Threshold set at $\geq 30\%$

- **CY2019**

- MMA metric moved to Family and Pediatric reporting-only sets
- Added new metric to Family and Pediatric core sets- Asthma medication ratio (AMR)
 - Description: The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
 - Threshold set at $\geq 81\%$

BMI composite (new metric)

- **CY2019**
 - New composite metric for Family core metric set
 - BMI composite metric includes:
 - Adult BMI assessment (ABA)
 - Threshold set $\geq 83\%$
 - Weight assessment and counseling for nutrition for children/adolescents (WCC)- BMI percentile only
 - Threshold set at $\geq 66\%$

Comprehensive diabetes care composite 1 (CDC)

- **CY2018**

- Adult and Family composite metric
 - Eye Exam
 - Threshold set at $\geq 40\%$
 - BP control $<140/90$
 - Threshold set at $\geq 50\%$
 - Nephropathy
 - Threshold set at $\geq 85\%$

- **CY2019**

- Composite metric is unbundled into stand-alone metrics for Adult and Family core sets
 - Eye exam
 - Threshold increased to $\geq 51\%$
 - BP control $<140/90$
 - Threshold increased to $\geq 56\%$
- Additionally, nephropathy is moved to reporting-only metric sets

Comprehensive diabetes care composite 2 (CDC)

- **CY2018**

- Adult and Family composite metric
 - HbA1c testing
 - HbA1c poor control (>9.0%)
- HbA1c poor control (>9.0%) threshold set at $\leq 50\%$
HbA1c testing threshold set at $\geq 85\%$

- **CY2019**

- HbA1c testing metric removed from composite for Adult and Family core sets
- Stand-alone metric: Comprehensive diabetes care (CDC): HbA1c poor control (>9.0%)
 - Threshold set at $\leq 47\%$

EPSDT (composite for older kids)

- **CY2018**

- Family and Pediatric composite metric
 - Well-child visits ages 7-11 years (custom)
 - Threshold set at $\geq 55\%$
 - Adolescent well-care visits ages 12- 21years (AWC); included in Adult core metric set
 - Threshold set at $\geq 45\%$

- **CY2019**

- Composite metric for Family and Pediatric core sets
 - Well-child visits ages 7-11 years (custom)
 - Threshold maintained at $\geq 55\%$
 - Adolescent well-care visits ages 12- 21years (AWC); Maintained in Adult core metric set
 - Threshold increased to $\geq 47\%$

EPSDT (composite for younger kids)

- **CY2018**

- Family and Pediatric composite metric
 - Well-child visits first 15 months (W15)
 - Threshold set at $\geq 45\%$
 - Well-child visits ages at 18, 24 & 30 months
 - Threshold set at $\geq 34\%$
 - Well-child visits ages 3- 6 years (W34); included as stand-alone metric for Family practices
 - Threshold set at $\geq 65\%$

- **CY2019**

- Composite metric for Family and Pediatric core sets
 - Well-child visits first 15 months (W15)
 - Threshold increased to $\geq 61\%$
 - Well-child visits ages at 18, 24 & 30 months
 - Threshold maintained at $\geq 34\%$
 - Well-child visits ages 3- 6 years (W34)
 - Threshold increased to $\geq 69\%$

Immunization composite

- **CY2018**

- Family and Pediatric composite metric
 - Childhood immunizations, Combo 3 (CIS)
 - Threshold set at $\geq 45\%$
 - Immunizations for adolescents, Combo 2
 - Threshold set at $\geq 16\%$

- **CY2019**

- Composite metric is unbundled into stand-alone metrics for Family and Pediatric core sets
 - Childhood immunizations, Combo 10 (CIS)- The % of children 2 years of age who were compliant on all of the following sub-measures: DTaP, IPV, MMR, HiB, HepB, VZV, PCV, Hep A, RV, and flu
 - Threshold set at $\geq 42\%$
 - Immunizations for adolescents, Combo 2
 - Threshold increased to $\geq 26\%$

2019 TCOC Value for Low Volume PCMH Outcome Payment Formula

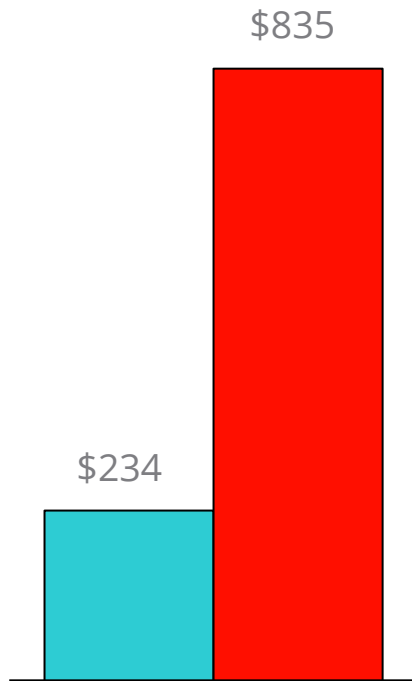
Statewide average Total Cost of Care

The average TCOC amount represents the average per member per month spend for a PCMH or THL member across all 3 MCOs and is included in the outcome payment formulas for low volume PCMHs and THLs.

Total Cost of Care (TCOC)

USD PMPM
CY 2015

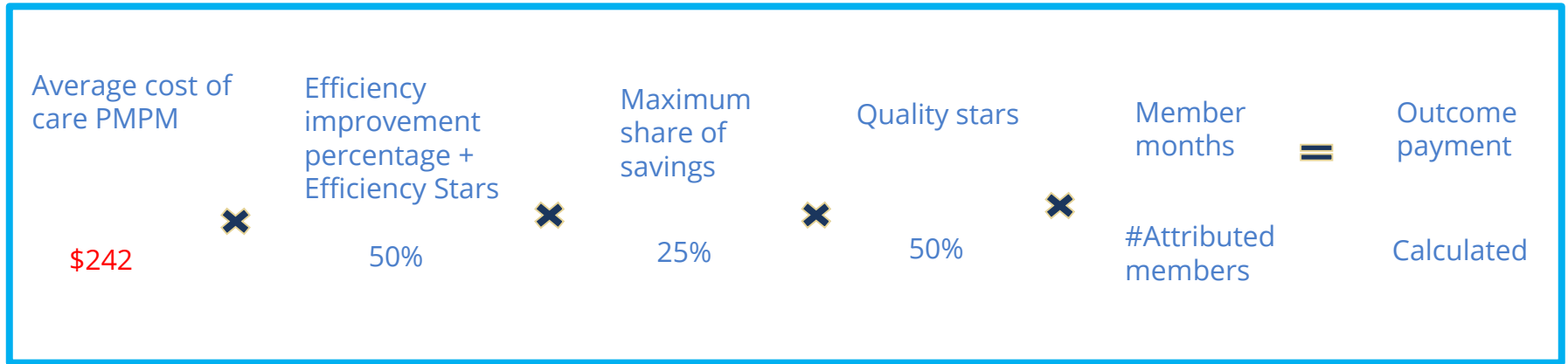
PCMH
Health Link



- Statewide average TCOC used for calculation of outcome payments for Health Links and PCMH organizations with <5000 members
- Average is calculated using a **capped mean**:
 - Mean is calculated across all MCOs
 - Capped indicates members with TCOC >\$100,000 are set to a cost of \$100,000
 - Capped most closely matches broader TCOC calculation

Update on average TCOC value for low volume PCMH outcome payment formulas for CY2019

- The State has decided to update the 2019 TCOC value for the low volume PCMH outcome payment formula to \$242 to reflect the most up to date data on average TCOC we have for both programs (PCMH and THL).

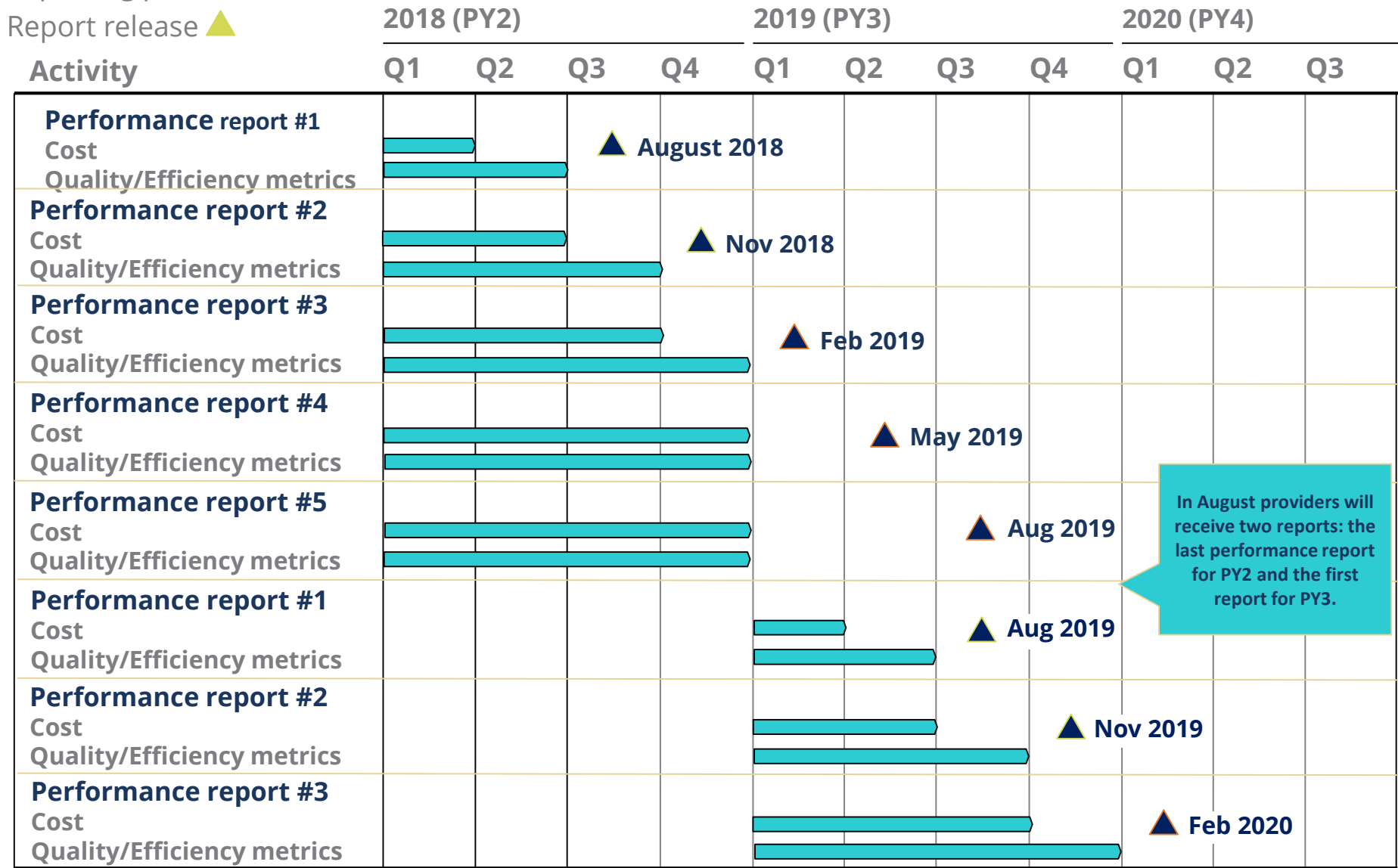


Reporting Timeframes

Reporting Timeframe- PCMH Wave 1

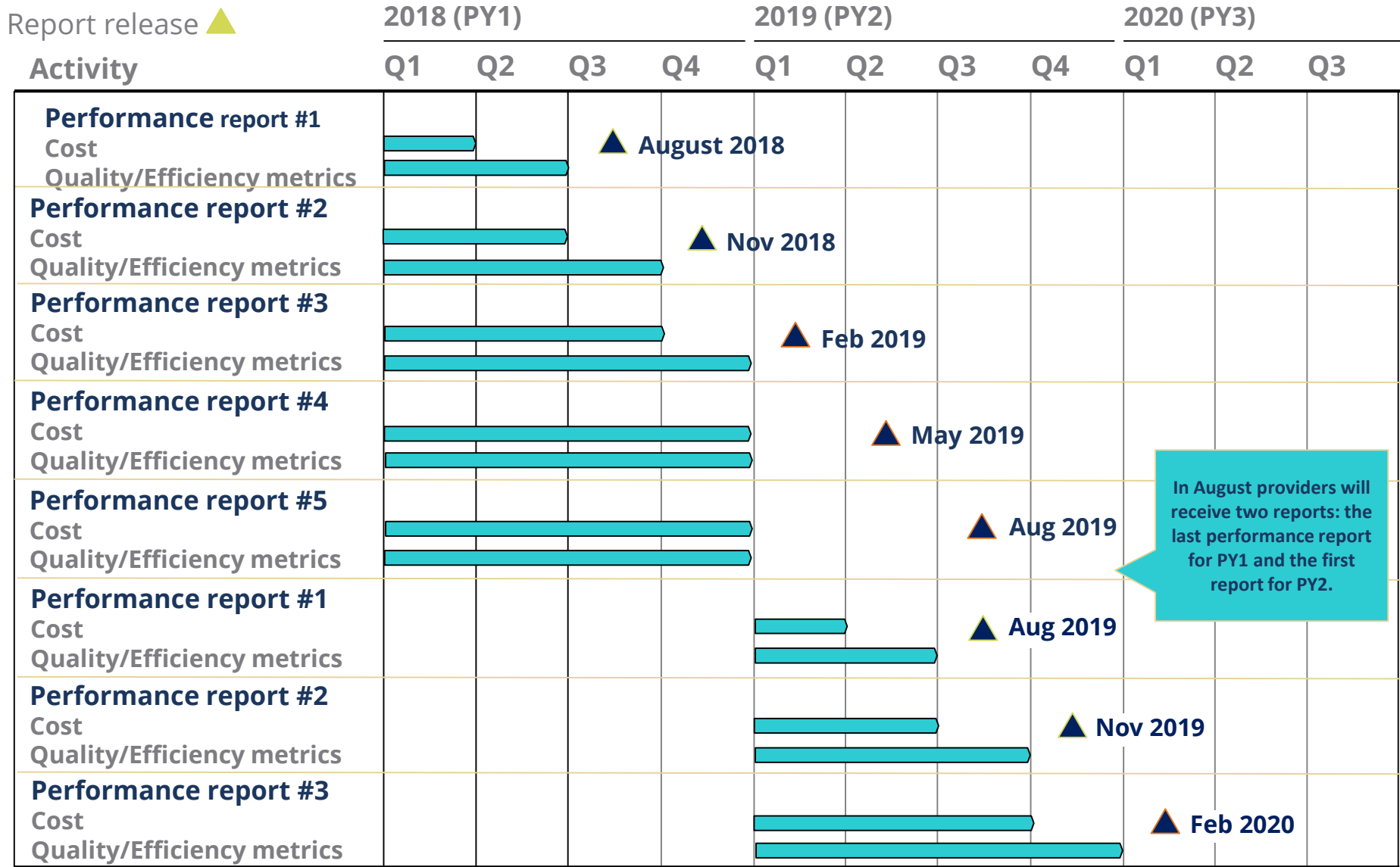
Reporting period DOS 

Report release 



Reporting Timeframe- PCMH Wave 2

Reporting period DOS 



Questions?

Updates on program guidance

New guidance on NCQA timelines for acquired sites

- Some PCMH organizations have and/or are expected to acquire sites/practices which need to pursue NCQA recognition.
- **The State has decided to set the following recognition timelines for newly acquired sites:**
 - If a participating PCMH organization acquires a site at any point after beginning program participation, then the newly acquired site is required to either maintain current NCQA recognition or pursue recognition within 15 months of the effective date of operations under the participating PCMH TIN.
 - For example: If a participating PCMH acquires a site that is operationally effective as of 3/1/19, then that site must achieve recognition by 6/1/2020.
- The PCMH operating manual will be updated with this guidance and posted online.

Funding associated with NCQA recognition

- The PCMH operating manual, NCQA requirement detail section has been updated with the following guidance:

TennCare will fund fees associated with the NCQA 2017 PCMH process from the point of enrollment up through the third check-in. If an organization does not achieve recognition for a site(s) after the third check-in, then they must purchase an additional check-in. Please contact NCQA for pricing details. Further, organizations may expect to pay for other fees that may be due under the NCQA PCMH recognition process such as requesting reconsideration and undergoing a Discretionary Audit. Please review NCQA's PCMH Standards and Guidelines for additional information on the fee schedule.

Remediation process update for 2019

- In 2019, each MCO will manage their own remediation process for organizations identified as having poor performance. Each MCO will define the parameters for what is deemed as poor performance and issue communication to providers.
- The State will continue to maintain the remediation process due to failure to meet NCQA recognition requirement.
- The remediation process has been revised to reflect these changes in the 2019 PCMH provider operating manual.

Navigant Update

Navigant Update

- Navigant will continue to provide on-site coaching, host webinars, conferences, and collaboratives through 2019
- Navigant will begin conducting annual reviews with wave 1 and 2 PCMHs engaged in coaching
- Navigant's support will end for both PCMH and THL January 31, 2020
- At that point, on-site coaching/support will be provided by the MCOs

Upcoming learning opportunities

- **December 13:** PCMH Navigant webinar “Behavioral Health and Primary Care and PCMH Distinction in Behavioral Health Integration”, 11-12 CST
- Please note: The December regional collaboratives have been cancelled
- **Dates for 2019 conferences:** February 26th (West), 27th (Middle) and 28th (East)



THANK YOU

Questions?